N DEP		_				ION OF HEA						‰.	163	-0450) 27	
ON THIS STUB		Al	KENDE	.		egistration District No		Primary Registra	ion Distri	ct No. 444	SRegistrar's No.	<u>/3</u> :_		STATE FILE N	NUMBER	
			1 1			PLACE OF DEATH a. COUNTY Ra	- 1863 -				2. USUAL RESIDER					e before
VS 300 Rev. 4/59		ENDED			1-	b. CITY (If outside corp	ay	WNSHIP only		th of stay in 1b	e. STATEMISS	souri	Ra	ту		
		Ž				or TOWN Orri		stidatic onial	_ I	•	OR TOWN	Orric	k .			t Limits K No □
10590		¥			1-	c. FULL NAME OF (IF N		ocation)	عد ا	Years	d. STREET		(If outside, g	ive (ocation)		on Farm
20890-	.	DATE			1_	HOSPITAL OR	ne-Orrick			Yes D No X	ADDRESS				- 1] N> □
3	1				3	NAME OF DECEASED (Type or print)	First	_	Middle	· · ·	Last	4. DATE OF	Mon			Year
					1_		Austin	M	<u>ard</u>	Bu	ırnham	DEATH	Novemb		_	963
<u> </u>					5		6. COLOR OR RACE	7. Marrie Widowe		ever Married []		1	est birthday)	Months Days		
5					10	Male	White				6/29/94 Y 11. BIRTHPLACE (City and state	or country)	12. CITIZEN O		<u> </u>
6	şΙ					during most of working Store Opera					Armstro			USA		COLLEGE
7 0	ollo 					a. FATHER'S NAME	acor.	135		S'S MAIDEN NAM				USBAND OR WII	FE	
	ᇎᅵ	- {				William Ba	artlett B	urnham	Rho	da Mill	ler	L	aura I	Brady B	urnh	am
8 0	S					5. WAS DECEASED EVER			SOCIAL	SECURITY NO.	17. INFORMANT			ddress		
9/62X	쀭					. 1,		_		19	Laura B	urnham	orri			
10	₹			N.		18. CAUSE OF DEATH (PART I.	(Enter only one cause DEATH WAS CAUSED	ρ ι 6Υ: // -	• • •	- - -	16-7	7	7	, l	NTERVAL ONSET AN	BETWEEN D DEATH
	읽	6		OCUMENT			IMMEDIATE CAUSI	E (a)	KGL	mer !	HERIN	- 18	رسي	- +		
11	vı	- 1		ő			,,		ar	DABIN	iona a	1 200	a			
1290-2	S	NSTEAD		٦			ve rise to	U (b)		www.	1	<u> </u>	7			
13/0	∄	Ž	++	_			ne under- use lest. DUE T						<u> </u>			
	8				NO I	PART II.	OTHER SIGNIFICAN disease condition giv	T CONDITIONS en in PART I (a)	CONTRIB	UTING TO DEAT	TH but not related to	o the termina	PART 1	II. If deceased there a pregi		emale was ast 90 days.
	<u> </u>	- 1			Ž						•			1		Unknown
	AMENDMENTS				CERTIF	19. WAS AUTOPSY PERFORMED? YES NO	20a. ACCIDENT SUI	CIDE HOMICI	DE 2	Ob. DESCRIBE HO	OW INJURY OCCURRED	D. (Enter natur	e of injury in	PART I or PART	II of item	18.)
<u>z</u>	ş				ICAL	20c. TIME OF Hour INJURY a.m.	Month, Day, Year									
¥ 8	⋖				MED	p.m.		Ch of white		a and a contract	20f. CITY, TOWN, OI	N LOCATION		COUNTY		STATE
BLACK INK OR RITER RIBBON						20d. INJURY OCCURRED WHILE AT WORK	☐ fan	ACE OF INJURY m, factory, stree	e.g., in i		ZUI. CITT, TOWN, OI	K LOCATION	<u> </u>		10	
A S H		READ			-	21. 1 attended the dece	eased from	9-23.	63	_, to	2463	d last saw hi	malive on	11-24.	63	
			.			. Death occurred at-		10:0	 [:	m on th	ne date stated above,	and to the be	st of my knov	rledge, from the	Causes st	sted.
USE BLACOR		SHOULD		10.		22 SIGNATURE	7. lin	(Degree or title)	II.	10,	226. ADDAESS	eh-	Mo		22c. D.	ATE SIGNED
-			$\bot\!\!\!\!\bot$	AFFIDAVIT	2	B. BURIAY, CREMATION,	23b. DATE	23c. N.	ME OF	EMETERY OR CR	EMATORY	23d. LOCATIO	ON (City, town	n, or county)	(St	ate)
		Š		FID		REMOVAL (Specify) Burial	Nov. 26,	1961 Sc	uth	Point (Gemetery		k, Mi			
		Š			2	FUNERAL DIRECTOR		ADDRESS		25. DA	TE RECD. BY LOCAL F		EGISTRAR'S SI		1.	
		ĒΙ		B	G	owing Fune	ral Home,	Orrick,	<u>Mis</u>	souri //	- 216-63		velen	ye Las	Bush	
· ·	•	•		-					Licensed	Embalmer's State	ment on Reverse Side)	1		U		

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEC \$ 1822

STATEMENT BY LICENSED EMBALMER

by	·	·	 	Student Em	Student Embalmer No		
orking unc	ler my person	al supervision.		Na 1	an'o:		
udent	Signatur	e of Student Embalmer	 Signed	Muray ?	Velson		
			•	Licensed Embalm	er No. 4989		
-			• •	P. O. Address	K.C. Mo		

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

our hide hides were at the service way